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BY THE COMPTROLLER GENERAL

Report To The Congress

OF THE UNITED STATES

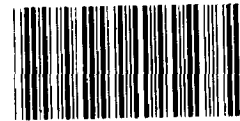
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The Drinking-Driver Problem-- What Can Be Done About It?

Alcohol is the single largest factor in highway deaths--about 25,000 persons die annually in drinking-driving accidents, that add up to an annual estimated economic cost of over \$5 billion.

GAO assessed recent actions taken to combat these problems and concludes that society's general acceptance of drinking and driving is the main obstacle to a successful anti-drinking-driver campaign.

Before such accidents can be significantly reduced, a long term, continuous educational commitment will be necessary. This report says the Secretary of Transportation should take the lead in a massive effort to start changing social attitudes about drinking and driving.



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Report

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COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

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To the President of the Senate and the
Speaker of the House of Representatives

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This report describes the Department of Transportation's major activities to combat the drinking-driver problem. It also describes various drinking-driver countermeasure programs being conducted by State, local, and foreign governments, as well as private organizations, and identifies obstacles which have affected their ability to effectively address the problem.

Our review was made because the drinking driver has long been recognized as a major problem in highway safety, and the Department of Transportation has been authorized to assist and cooperate with other concerned agencies and parties to increase highway safety.

We are sending copies of this report to the Director, Office of Management and Budget; the Secretary of Transportation; State highway traffic safety officials; and other interested parties.

A handwritten signature in black ink, appearing to read "Thomas A. Skates".

Comptroller General
of the United States



D I G E S T

Government at all levels, private organizations, and concerned citizen groups are spending millions of dollars on various drinking-driver programs, yet statistics continue to indicate that, overall, one-half of highway fatalities in the United States are related to alcohol.

- Does this mean that all anti-drinking-driver efforts are doomed to fail?
- Should current programs in education, enforcement, adjudication, and rehabilitation be discontinued?
- Is there a combination of programs which has not yet been tried?
- Is money being thrown away on a "utopian" dream which will never reduce highway deaths and injuries, regardless of how much is spent?

No clear-cut answers to any of these questions exist. Years of research and program efforts have shown that no one has the answers.

Research on alcohol abuse and the drinking-driver problem, Federal project evaluations, and views of individuals knowledgeable in the traffic safety field led GAO to conclude that society's general acceptance of drinking and driving is the main obstacle to solving the drinking-driver problem.

Before any significant reduction in alcohol-related traffic accidents will occur, a long term continuous educational commitment must be made. Governments, educational institutions, and the general public need to work together to change attitudes about drinking and driving.

The Secretary of Transportation, as part of his responsibility to improve traffic

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safety, should lead this educational effort by providing encouragement, technical assistance, and--to the extent possible-- financial assistance to State and local governments and private organizations.

The Secretary of Transportation, as part of a Federal commitment to emphasize the importance of programs to counter alcohol abuse (countermeasure programs), should:

--Work with other Federal agency heads to establish a mechanism for coordinating alcohol-related activities--such as advertising, education, rehabilitation, and law enforcement--in developing an aggressive national program to deal with the entire alcohol abuse problem and specifically with the drinking driver.

--Identify those States which need to give higher priority to alcohol countermeasures, and encourage them to do so in their traffic safety programs.

Because alcohol remains the largest single factor in highway deaths, the Secretary of Transportation should continually

--assign high priority to efforts to combat the drinking-driver problem;

--support research to develop evaluation measures for anti-drinking-driver programs and work with the States to upgrade or expand their programs to include such measures;

--serve as a center for disseminating information to States on efforts which have the best potential for reducing traffic deaths and injuries;

--support training and educational programs for law enforcement officers, judges, prosecutors, and others to enhance their knowledge of and commitment to solving the drinking-driver problem; and

--support nationwide and local programs to inform the public about (1) the drinking-driver problem and (2) what it can do to help reduce the problem.

STATE AND LOCAL EFFORTS

Traditionally, the drinking-driver problem has been viewed as a State and local responsibility; therefore, anti-drinking-driver programs were carried out initially at those levels. State and local government efforts, with varying degrees of success or failure, include

- special patrols to detect and apprehend drinking drivers;
- educational programs to increase the public's awareness of the seriousness of the drinking-driver problem;
- rehabilitation programs to reduce the incidence of recurring drinking-driver situations;
- specialized equipment to aid in detecting and prosecuting drinking drivers;
- training programs for law enforcement officials, judges, and prosecutors to enhance their commitment in dealing with the drinking driver; and
- laws to penalize those who serve intoxicated individuals.

FEDERAL EFFORTS

The first major impetus for Federal involvement in the drinking-driver area was the Highway Safety Act of 1966. With this authority, the Department of Transportation published standards for State highway safety programs and initiated a demonstration program known as Alcohol Safety Action Projects, which integrated many previous State and local activities into a single organized effort. Between 1971-78, 35 projects were conducted nationwide.

Evaluations of the Alcohol Safety Action Projects do not show any overall national results in terms of reducing the number of highway deaths, although in some areas the projects demonstrated benefits. For example,

- public awareness of the drinking-driver problem increased;
- the number of arrests and convictions of drinking drivers increased;
- the number of alcohol-involved nighttime fatalities decreased;
- the number of problem drinkers identified and referred to rehabilitation programs increased; and
- the commitment of responsible officials, (law enforcement officers, prosecutors, and judges) in dealing with the drinking driver improved.

OBSTACLES

Even with these limited successes, there are still many obstacles to a totally successful anti-drinking-driver campaign. Major obstacles identified by GAO include:

- Social acceptability and use of alcohol.
- Need for methods to evaluate counter-measures.
- Resource shortages.
- Need for increased judicial support.
- Crowded court system.
- Need for Federal leadership in designing and developing public information and educational programs.
- Need for effective methods to identify and penalize those who serve intoxicated individuals.

--Need for increased commitment on the part of enforcement officials.

--Need for an adequate feedback mechanism to apprise States of other countermeasure program results.

--Lowered legal drinking age.

The Department of Transportation agrees that high-level as well as program-level coordination with other Federal agencies would be beneficial in establishing a national program dealing with alcohol abuse.

Department officials stated that some coordination with other Federal agencies now exists at a lower level but that it could be more effective if agency heads were involved. The officials further stated that the Department is taking steps to identify States that need to give a higher priority to drinking-driver programs by analyzing the States Highway Safety Plans.



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ABBREVIATIONS

ASAPs	Alcohol Safety Action Projects
BAC	Blood alcohol concentration
GAO	General Accounting Office
NHTSA	National Highway Traffic Safety Administration

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CHAPTER 1

INTRODUCTION

Drinking alcoholic beverages has become a commonly accepted lifestyle throughout most of the world. In the United States, 71 percent of the adults have identified themselves as drinkers and, since 1935, per capita consumption has increased 110 percent for beer, 347 percent for wine, and 183 percent for distilled spirits.

The per capita consumption of absolute (pure) alcohol in the United States for the drinking age population rose from 2.1 gallons in 1960 to 2.7 gallons in 1975--the latter figure representing about 21.6 gallons of beer, 1.7 gallons of wine, and 1.99 gallons of distilled spirits. In comparison with 25 other countries, the United States ranked 15th in total per capita consumption of alcohol, but ranked 3rd in the consumption of distilled spirits alone.

This drinking lifestyle has long been recognized for its tragic contribution to highway deaths and related injuries and property damage. Practically since the automobile was invented, the relationship between drinking and highway accidents has been described as a rapidly developing social and health problem. The earliest known reference to this was in a 1904 "Quarterly Journal of Inebriety" editorial, where 25 fatal automobile accidents were analyzed and at least 19 of the drivers were found to have used "spirits" within an hour or more of the disaster. In a later report, using 1924 statistics, it was estimated that probably one-fourth to one-third of the automobile accidents resulted from drivers using alcohol. Very little documentation is available to determine what role alcohol played in highway crashes before, during, or after the National Prohibition, although limited studies done in the mid-1920s and 1930s suggested that alcohol continued to contribute substantially. More recent studies, done in the 1950s and 1960s in New York, Florida, California, and New Jersey, indicated that from 48 to 57 percent of the fatal drivers tested had very high alcohol concentrations in the blood.

During the last several decades, in every area where accident causes were investigated, alcohol has been found to be the largest single factor leading to fatal crashes. According to the National Safety Council, the Department of Transportation, and other sources, alcohol-related accidents now account for as much as one-half of all highway deaths--or about 25,000 persons annually--and

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represent an estimated annual economic cost of over \$5 billion. The Department of Health, Education, and Welfare reports that the total annual economic cost from alcohol abuse is about \$42 billion.

ATTEMPTS TO CONTROL THE DRINKING-DRIVER PROBLEM

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When the drinking driver first emerged as a serious problem in the early 1900s, nearly all States passed laws prohibiting driving under the influence of alcohol. By the late 1930s, various independent actions aimed at controlling the drinking driver began to appear sporadically across the Nation. For example:

- The National Safety Council formed a committee of jurists, lawyers, pathologists, physicians, chemists, psychologists, and sociologists to study and introduce measures to control the drinking driver.
- The American Bar Association became active in the traffic safety area and emphasized training prosecutors and judges and the need for additional legislation.
- The American Medical Association devoted time to demonstrating how physicians could support the local justice system in adjudicating drinking-driver cases.
- Indiana instituted a statewide alcohol breath testing program as part of its law enforcement activities and later passed laws which set the alcohol measurement in the blood in terms of blood alcohol concentration.
- Detroit, Michigan, judges referred convicted drinking drivers to clinical psychologists and psychiatrists for presentence examinations to determine the extent of their drinking problems.

These actions and others were carried out in numerous communities for years, but were mostly directed at the entire drinking-driving population rather than at the "heavy drinker" who, according to highway studies, constitutes only a small portion of the population but may be responsible for as much as two-thirds of alcohol-related fatal crashes.

RESOURCES DIRECTED AT THE DRINKING-DRIVER PROBLEM

Total funding in the drinking-driver program area is impossible to identify because it is most often tied in with other State and local traffic safety programs. According to an estimate compiled for us by Department of Transportation officials, however, Federal, State, and local governments spent over \$100 million in 1976 for their drinking-driver countermeasure activities. The major Federal effort, authorized under the Highway Safety Act of 1966 (23 U.S.C. 401 et seq.) and administered by Transportation's National Highway Traffic Safety Administration (NHTSA), cost about \$88 million between 1970 and 1977. This effort, among others, is described in chapter 2.

SCOPE OF REVIEW

Due to the seriousness of the drinking-driver problem, we assessed what recent actions have been taken to combat the problem; determined what progress, if any, has been made as a result of these actions; acknowledged the major constraints or obstacles which apparently have hampered the success of the various countermeasure efforts; and identified some immediate and perhaps long term steps which could improve these efforts.

We conducted our review at the Washington, D.C., NHTSA headquarters and its regional offices in Chicago Heights, Illinois; Seattle, Washington; San Francisco, California; Fort Worth, Texas; Atlanta, Georgia; and White Plains, New York. We obtained information through field work from State and local officials in Minnesota, Wisconsin, South Dakota, Iowa, Washington, California, Louisiana, Georgia, New York, Kentucky, West Virginia, Mississippi, and Tennessee, as well as from national and local government officials and private individuals in Canada, Norway, Great Britain, and Australia. In addition, we reviewed prior research on the drinking-driver problem and obtained information from State officials in all 50 States, Washington, D.C., and Puerto Rico through use of a questionnaire. (See app. I.)

CHAPTER 2

RECENT EFFORTS TO REDUCE THE DRINKING-DRIVER PROBLEM

The problem of alcohol and its impact on traffic safety is probably the most intensively studied human factor in highway safety. Various programs have been implemented by Federal, State, local, and foreign governments and private organizations to get the drinking driver off the road. Yet statistics indicate that the percentage of highway fatalities attributed to alcohol remains constant at about 50 percent.

FEDERAL EFFORTS

The Congress provided the first major impetus for Federal involvement in the drinking-driver area, following approval of the Highway Safety Act of 1966. This act, as amended, authorizes and directs the Secretary of Transportation to assist and cooperate with other Federal departments and agencies, State and local governments, private industry, and other interested parties to increase highway safety.

The Highway Safety Act requirement to establish uniform safety standards

The act specifically states that each State shall have a highway safety program, approved by the Secretary of Transportation, designed to reduce traffic accidents and resulting deaths, injuries, and property damage. Consequently, the act requires that the Secretary establish uniform safety standards for State highway safety programs and provides that funds to carry out the programs be proportionally allocated on the basis of State populations and public road mileage.

In June 1967, the Secretary responded to this requirement by officially publishing the first 13 traffic safety standards. (Subsequent action has brought the total number of standards to 18.) A standard entitled Alcohol in Relation to Highway Safety was one of those initially established, and NHTSA was given the responsibility to administer it along with others relating to drivers and vehicles.

The purpose of the Alcohol in Relation to Highway Safety standard is to broaden the scope and number of activities directed at reducing alcohol-related accidents. The standard contains the basic structure which

underlies the drinking-driver laws of all 50 States, and provides, among other things, for

- using chemical tests to determine the amount of alcohol in the blood,
- establishing a blood alcohol concentration (BAC) value of .10 percent as presumptive evidence of intoxication,
- "implied consent" legislation which requires a motorist to submit to a chemical test, and
- quantitatively testing for alcohol in all highway fatalities.

In a July 1977 evaluation of its highway safety standards, NHTSA pointed out that the States had made significant progress in implementing the various elements of the Alcohol in Relation to Highway Safety standard. For example, NHTSA statistics showed that in 1966, when the Highway Safety Act was approved, only 60 percent of the States--including Washington, D.C., and Puerto Rico--required the use of chemical tests, and only 13 percent had set .10 percent as the legal BAC limit. By 1976, comparable statistics showed that all States--including Washington, D.C., Puerto Rico, American Samoa, Guam, and the Virgin Islands--required the use of chemical tests and 96 percent had set .10 percent as the legal BAC limit.

The 1977 report further pointed out that although most State officials felt that the standard provided a basis of law for establishing alcohol countermeasure programs, the current standard was limited in scope, and implementing guidelines for its various elements were needed. The State officials, therefore, recommended that NHTSA develop guidelines to assist State and local governments in such areas as drinking-driver enforcement, adjudication, education, treatment, and public information.

The Highway Safety Act requirement to report on alcohol and highway safety

Due to congressional concern that alcohol is involved in about one-half of all highway fatalities, the Highway Safety Act of 1966 also required the Secretary of Transportation to submit to the Congress a report on the relationship between the consumption of alcohol and highway safety. Following the issuance of its 1968 Alcohol and

Highway Safety Report, NHTSA presented a priority review seminar to its senior staff members in July 1969. As a result of that seminar, NHTSA gave first priority emphasis to developing demonstration programs in alcohol countermeasures. In March 1970, NHTSA established a special Office of Alcohol Countermeasures which became the center for administering and managing the overall NHTSA alcohol program. This office's duties were later transferred to the 10 NHTSA regional offices in an attempt to work more closely with the State officials involved in alcohol countermeasure programs.

The Highway Safety Act authorization to conduct research and development and demonstration projects on highway safety

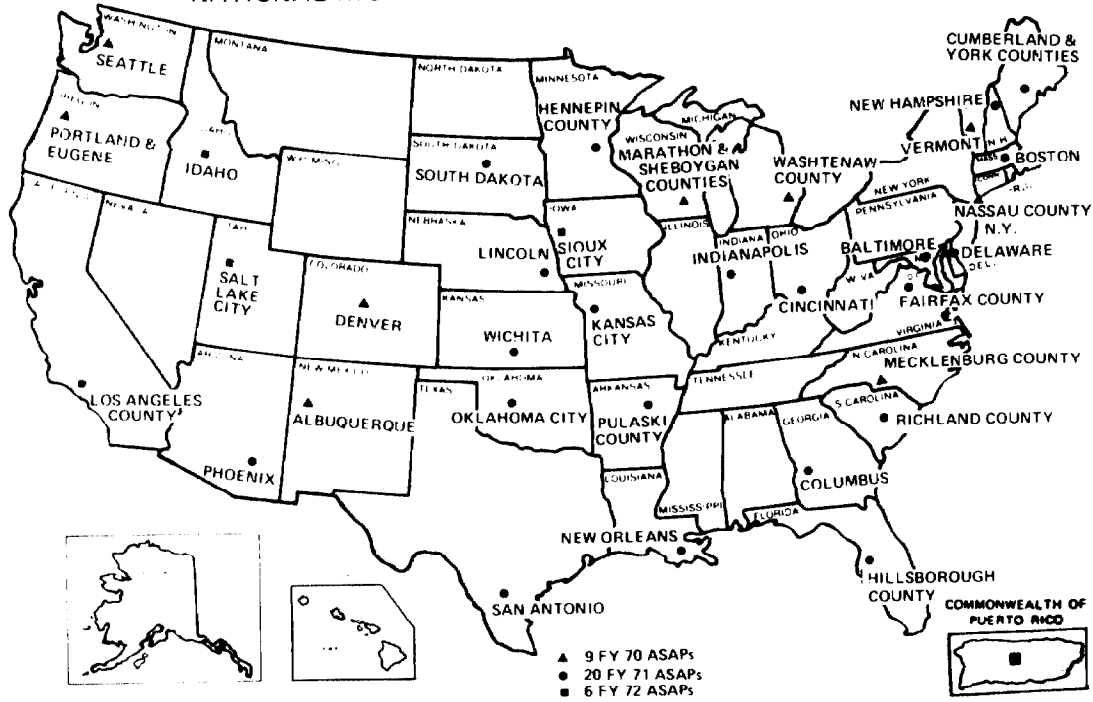
Section 403 of the Highway Safety Act of 1966 authorizes the Secretary of Transportation to conduct safety research and development and related demonstration projects as deemed appropriate. In response to this authorization, the Secretary has carried out the following projects pertaining to the consumption and use of alcohol and its effect on highway safety and motor vehicle drivers.

Alcohol Safety Action Projects

Following NHTSA's selection of alcohol countermeasures as its first priority effort, a formal request to authorize funds in this area was presented to the Congress during fiscal year 1970. Approval of the request permitted NHTSA to develop and establish a federally funded nationwide demonstration program--Alcohol Safety Action Projects (ASAPs)--to attack the drinking-driver problem.

Initial plans for ASAPs called for funding at least one project in each of the 50 States. According to a NHTSA official, however, funding limitations caused the final program scope to be reduced to 35 projects, at locations indicated on the following map.

U.S. DEPARTMENT OF TRANSPORTATION
 ALCOHOL SAFETY ACTION PROJECTS (ASAPs)
 NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION



The ASAP concept called for a systematic approach to the drinking-driver problem; that is, integrating many existing State and local alcohol countermeasure activities into a single organized national effort. The specific countermeasures constituting ASAPs were not new; however, integrating the various activities was one of ASAPs' more novel features.

Each ASAP location was to include alcohol countermeasure elements in four areas--enforcement, judicial, rehabilitation, and public information and education. In enforcement, ASAPs were to increase effectiveness by providing such aids as special training to police officers, additional breath testers, and video taping equipment. Under judicial, ASAPs were to insure that convicted problem drinkers were identified through presentence investigations so that the courts could require them to enter treatment programs. Under rehabilitation, ASAPs were to establish

a liaison system between the courts and the treatment activities and develop appropriate programs to rehabilitate the problem drinkers. Under public education and information, ASAPs were to influence the public through mass media communications, so that the overall ASAP concept and the agencies involved in the program would receive public support.

The first nine ASAPs began operating between January and July 1971. In January 1972, 20 additional ASAPs began operating, followed by the final 6 between July and September 1972. Selecting the applicant sites was the primary responsibility of the NHTSA regional administrators, working closely with their respective States. All final locations, however, were still reviewed and evaluated by NHTSA headquarters, on the basis of

- community support,
- community capability,
- community willingness to make some efforts on its own,
- community willingness to undertake a broad multifaceted program,
- evidence of effective community organizational plan, and
- adequate provision for community program evaluation.

The 35 ASAPs were scheduled to operate for about 3 years. As of July 1978, the projects had ended except for final evaluations and using some 1976 carryover funds. According to NHTSA, total Federal expenditures for the ASAPs under section 403 authorizations amounted to over \$88 million.

After the first 29 ASAPs had been operating for 1 to 2 years, NHTSA evaluated their performance to determine their impact on fatal crashes. NHTSA's evaluation concluded that although 8 ASAPs showed a reduction in nighttime fatalities as compared to daytime fatalities, the remaining 21 ASAPs showed no significant changes in either. A subsequent NHTSA evaluation showed that the first 8 ASAPs had a 6-percent increase in daytime fatalities compared with a 10-percent decrease in nighttime fatalities, whereas the remaining 21 ASAPs showed increases

of 5 and 2 percent, respectively. This prompted Paul Zador, of the Insurance Institute for Highway Safety, to report in June 1974 that, with no evidence of an overall reduction in fatalities, ASAPs as large scale social programs were ineffective.

At the time of our review, a final NHTSA evaluation report covering all ASAPs had not been published, although one had been drafted. This draft report indicated that, on the basis of individual project site analysis, 12 ASAPs showed a significant reduction in nighttime fatalities when compared with similar non-ASAP areas. NHTSA's draft report stated that the total estimated reduction in nighttime fatal crashes was 494 as a result of ASAP demonstrations.

The NHTSA draft report also discussed general successes in enforcement, where drinking-driver arrests were doubled or tripled; in judicial, where drinking-driver cases were processed more rapidly and efficiently; in rehabilitation, where approximately a quarter of a million drinking drivers were referred to education or treatment programs; and in public education, where programs increased public awareness and support of ASAPs' activities.

Individuals who have studied the ASAP concept have also pointed out some successes. For example, Dr. Gary Scrimgeour, research scientist, wrote articles for National Safety Council publications in 1975 and 1978 indicating that ASAPs had positively affected coordinating activities between the courts and rehabilitation agencies. Dr. Scrimgeour further indicated that more than one-half of the ASAPs had survived under community management after the Federal funds expired, which was a true measure of the concept's worth. A major criticism of the Federal ASAP effort, brought out by Dr. Scrimgeour and by NHTSA officials, was that the demonstration period was too short to show clear benefits in terms of reductions in drinking-driver accidents and fatalities.

Short term rehabilitation program

In a 1974 demonstration to show the effectiveness of short-duration rehabilitation programs for drinking drivers, NHTSA selected 11 ASAP locations to participate in a short term rehabilitation study. A short term rehabilitation program was conducted during 1975-77, and data was collected on selected individuals who had been convicted of drinking and driving. Individuals selected included those diagnosed as midrange problem drinkers.

The short term rehabilitation program randomly assigned problem drinkers to treatment and nontreatment groups. Treatment included such things as driver improvement school, Antabuse, 1/ and group therapy. The program's success was measured by determining its effects on recidivism (repeated arrests and convictions) and individual behavioral changes with respect to drinking and driving.

Initial data was collected on about 4,000 individuals, and the program was designed to collect followup data on each of them at 6-, 12-, and 18-month intervals. NHTSA awarded a contract to the Human Factors Laboratory, University of South Dakota, to analyze the short term rehabilitation performance and effectiveness at each followup interval.

As of November 1978, the 18-month analysis had not been made. However, the 6-month and 12-month interim reports, completed in June 1977 and January 1978, respectively, concluded that the demonstration showed no consistent effectiveness for any treatment group considered.

Advanced countermeasure programs

In 1975-76, NHTSA also initiated four advanced countermeasure programs to demonstrate and evaluate the effectiveness of specific countermeasure activities in rehabilitation and enforcement (California), and probation (Tennessee and Mississippi). These projects are to be concluded in about 5 years. The main objective of these efforts is to assess the impact of individual countermeasures which can be applied to State programs as alternatives to the total systems approach used in the ASAPs. When these projects are finished, NHTSA believes it will be able to better determine what elements within each countermeasure are the most effective. NHTSA further believes that at that time it should also be able to provide guidelines to State and local communities on the most cost-effective method of using their resources to combat the drinking-driver problem.

1/A drug used in treating alcoholism which produces highly unpleasant symptoms when taken in conjunction with alcoholic beverages.

Other efforts

A NHTSA official informed us that the Department of Transportation had no plans to support any additional large-scale countermeasure programs. NHTSA did plan, however, to continue directing some of its resources toward evaluating and refining State alcohol countermeasure efforts, providing workshops to judges and enforcement officials to enhance their knowledge of the drinking-driver problem, and conducting research and development projects in such areas as breath-testing equipment improvements and youth reaction to alcohol advertising. Regarding the latter area, the Department of Transportation, in conjunction with the National Institute on Alcohol Abuse and Alcoholism (Department of Health, Education, and Welfare), the Bureau of Alcohol, Tobacco, and Firearms (Department of the Treasury), and the Federal Trade Commission, recently contracted with Michigan State University to research liquor advertising and alcoholic beverage marketing strategies. This research effort should be complete in mid-1979.

In addition, some Federal agencies are currently reviewing their policies and regulations to better address the overall alcohol issue. For example,

--the Secretary of Health, Education, and Welfare issued the "Third Special Report to the U.S. Congress on Alcohol and Health" in June 1978. The report states that the Department is developing goals and initiatives for national action related to alcohol consumption and health. The report further states that the Secretary of Health, Education, and Welfare plans to make recommendations to the Congress for legislative action concerning the alcohol use and abuse problem.

--the Department of the Treasury's Bureau of Alcohol, Tobacco, and Firearms issued, on November 21, 1978, an advance notice of proposed rulemaking, which concerns updating and revising Bureau regulations dealing with beer, wine, and distilled spirits advertising, with specific emphasis on labeling requirements.

The Secretary of Transportation, acting within his authority under the Highway Safety Act of 1966, should be coordinating with the Secretaries of Health, Education, and Welfare and the Treasury to jointly attack the alcohol abuse problem, specifically as it relates to the

area of drinking and driving. According to a NHTSA official, however, little coordination is now being done and the extent of any coordination seems to depend on the individual relationships among agency officials. What is needed, he believes, is a good mechanism for coordinating Federal activities.

Such a need for coordinating Federal activities in the alcohol area was discussed in our report "Progress And Problems In Treating Alcohol Abusers," (HRD-76-163, dated April 28, 1977). In that report we recommended, among other things, that the Secretary of Health, Education, and Welfare improve the coordination procedures with other Federal departments and agencies by establishing more formal, structured coordination mechanisms.

STATE AND LOCAL EFFORTS

Individual alcohol countermeasure programs are continually being carried out at State and local levels. The following table provides a general overview of how highway safety representatives from the 50 States, Washington, D.C., and Puerto Rico perceive and rank their drinking-driver countermeasure efforts in terms of importance. This overview was obtained from a questionnaire (see app. I) we sent to each representative, and indicates that using special police patrols, various alcohol detection devices, and driver rehabilitation programs are considered to be among the most important countermeasures.

Table 1

Questionnaire Results

Ranking of Efforts to Combat
the Drinking-Driver Problem

<u>Efforts</u>	Response rate in terms of importance		
	<u>Ranked No. 1</u>	<u>Ranked No. 2</u>	<u>Ranked No. 3</u>
	(Percent)		
Instituting or increasing the use of special police patrols for the drinking driver	25	27	2
Increasing all traffic enforce- ment actions	12	10	19
Instituting greater control over issuing and/or renew- ing driver's licenses	4	2	8
Instituting or expanding a public information and educa- tion program	-	11	35
Instituting a driver rehabilita- tion program in conjunction with the courts	15	38	17
Continuing or expanding the Federal ASAP	15	-	4
Instituting random roadside checks for drinking drivers	-	-	2
Increasing the use of various alcohol detection devices or systems	13	10	13
Passage of drinking-driver related legislation	10	-	-
Other	<u>6</u>	<u>2</u>	<u>-</u>
Total	<u>100</u>	<u>100</u>	<u>100</u>

Along with our questionnaire, we visited six States-- Washington, New York, Louisiana, California, Georgia, and Minnesota--to obtain more specific details on individual State efforts to combat the drinking-driver problem. These States have enacted varying legislation directed at the drinking driver. For example, all six States have an implied consent law, four require BAC tests on all traffic accident fatalities, four presume intoxication when the BAC level exceeds .10 percent, and two require preliminary breath tests. Further, State and local governments are taking additional steps, such as those discussed below, in attempts to reduce drinking-driver accidents and related deaths and injuries.

Washington

The Washington State Traffic Safety Commission is responsible for coordinating the State highway safety program. The Commission is a part of the State executive branch with the Governor serving as chairperson, and includes representatives from the State Patrol, Superintendent of Public Instruction, Department of Highways, Department of Motor Vehicles, and the Association of Washington Cities.

The Commission staff, which works with local traffic safety coordinators, mayors, county commissioners, and various State and Federal officials, conducts the safety program activities. In addition, Commission representatives appoint employees from their respective agencies to work directly with the Commission staff to provide needed technical skill to plan, organize, implement, and evaluate highway safety improvement.

The Commission receives State funds to support its planning and administration activities. The remainder of its funding comes from NHTSA and the Federal Highway Administration. From September 1967 through September 1977, the Commission received \$12.6 million, of which \$652,800--or about 5 percent--was used for State and local programs dealing with the drinking driver.

Steps taken by Washington and its communities to deal with the drinking driver include

- drinking-driver emphasis patrols;
- training programs for law enforcement officials, judges, and prosecutors;
- purchasing specialized equipment; and
- rehabilitation programs.

Drinking-driver emphasis patrols

A drinking-driver emphasis patrol was part of the Federal ASAP effort in King County, Washington. The State Patrol was primarily responsible for conducting this effort and selected its members on a volunteer basis. The Patrol's strategy was to saturate a 3-mile segment of highway, with the entire ASAP patrol operating one person to a car. A second patrol was formed by the Seattle Police Department and consisted of six permanently assigned volunteer officers and one sergeant. Overtime pay authorized for court appearances motivated officers to join the squad. The usual strategy for the Seattle Police Department was to assign all units to patrol one district. A third patrol was formed by the King County Police and consisted of experienced, permanently assigned officers who were responsible for drinking-driver enforcement in the unincorporated areas of the county. The strategy followed by the county group was to choose specific patrol areas from within a much larger assigned area.

An evaluation of these efforts showed no change in the level of accident fatalities or injuries. However, the arrests for drinking and driving increased.

Training programs

The Commission has sponsored training programs for about 120 police officers each year in improving performances in detecting, apprehending, and adjudicating drinking drivers. Also, courses are available for training judges and prosecutors in how to deal with the drinking-driver problem.

Purchasing specialized equipment

The Commission purchased several mobile jails for the Washington State Patrol and local law enforcement agencies to use during emphasis patrols, and also purchased breath-testing equipment and video tapes for local police and sheriff departments.

Rehabilitation programs

Very few formal rehabilitation facilities are maintained by the State of Washington. Most are operated by counties or private organizations. As of late 1977, there were 137 approved and accredited alcoholism treatment facilities. These facilities work with the courts in identifying individuals needing rehabilitation services and providing such services if needed.

New York

In the State of New York, the Commissioner, Department of Motor Vehicles, is the Governor's highway traffic safety representative. The Interdepartmental Traffic Safety Committee, within the Office of the Commissioner, is responsible for administering the highway safety program and coordinating its rehabilitation efforts with the Department of Mental Hygiene.

Steps taken by New York and its communities to deal with the drinking driver include

- seminars on alcohol and traffic safety for law enforcement and judicial personnel and
- rehabilitation programs for convicted drinking drivers.

Seminars

During 1977, seminars were held on the alcohol-highway issue, focusing on the New York State Drinking-Driver Program as an effective and established counter-measure for this serious highway safety problem. More than one thousand persons attended the seminars.

The impetus for these seminars was evidence that (1) since 1975 a significant number of motorists convicted of alcohol-related offenses were not voluntarily entering rehabilitation programs and (2) no systematic community program had been developed for the "intake apparatus," which consists of the law enforcement, prosecuting, and judicial communities. Available data indicated that the entry rate into drinking-driver programs varied considerably from one geographic area to another. To improve acceptance and use, a grant from the Interdepartmental Traffic Safety Committee was approved and the cooperation of the Bureau of Municipal Police was obtained to hold seminars at 19 sites throughout the State. Course material was designed for enforcers, prosecutors, and judges.

Rehabilitation programs

The New York State Alcohol and Drug Rehabilitation Program, or Drinking-Driver Program, has been operating since 1975. Under this program, motorists convicted of drunken driving, if determined eligible, may enter an educational rehabilitation program lasting from 7 weeks to 8 months, depending on the severity of their alcohol abuse.

The basic program model is a 16-hour, 7-week series of classroom presentations designed to provide meaningful information to

- the social drinker, whose drinking and driving behavior is occasional and does not significantly affect the traffic system;
- the beginning problem drinker, whose alcohol conviction represents a sustained or chronic behavior which may be the beginning of a more serious alcohol problem; and
- the alcoholic, whose conviction is only one manifestation of a life-threatening disease.

The program's ultimate objective is to develop an awareness of alcohol and its effects, both in driving and in a person's life, with a goal toward improving decisionmaking skills regarding future drinking and driving behavior.

The drinking-driver program's success, in terms of reducing alcohol-related accidents, has not been determined. New York State officials told us that they were in the process of collecting data but it will be a number of years before sufficient data can be gathered.

Louisiana

The Louisiana Highway Safety Commission is responsible for developing, implementing, and operating its State alcohol countermeasure programs. The Commission was established in March 1967 to cooperate with the Federal Government or any agency thereof to increase highway safety. It is responsible for gathering and evaluating information and making recommendations in connection with current research, enforcement, and other improvements in highway safety.

Steps taken to combat the drinking-driver problem in Louisiana include

- selective enforcement countermeasures and
- a driver improvement and alcohol rehabilitation program.

Selective enforcement countermeasures

This program is sponsored by the Highway Safety Commission and has been operating in identified urban and rural areas since 1974. The original locations were based on total accident involvement. As more refined data has become available, several nonproductive and borderline locations have been eliminated, and those areas with the greatest accident reduction potential have been expanded to a current total of 10 urban areas and 11 rural areas. The urban enforcement units are operated by local sheriff or police departments, and the rural units are operated by the State police.

The selective enforcement units in the 11 State Police Patrol Districts usually concentrate their efforts on the drinking driver from 8 p.m. to 3 a.m. each Thursday, Friday, and Saturday night in designated areas selected and assigned by the Commission. All selective enforcement is performed on an overtime basis, with no enforcement officers being assigned permanently.

The Commission has purchased 16 mobile vans; 11 are assigned to each State Police Patrol District and 5 to major urban areas. These vans are being used for BAC testing of persons arrested for drinking-driver offenses. In addition, approximately 140 breath-testing devices have been purchased and distributed statewide to help apprehend and test for BAC, and five crime laboratories are available throughout the State for performing blood analysis when necessary.

To insure that the 140 breath-testing devices are operated properly, the Louisiana State Police Training Center and the Law Enforcement Training Academy have administered an alcohol test training program to approximately 700 to 800 operators.

Records indicate that drinking-driver arrests generally have increased during the last 3 years. According to State officials, however, the alcohol countermeasure program has not been evaluated, although an in-depth evaluation is planned, for which data was being collected at the time of our review.

Rehabilitation programs

Since 1972, the Louisiana State Department of Education has administered a driver improvement and alcohol rehabilitation program. The program serves convicted

traffic offenders, including those convicted of driving while intoxicated, that the courts have referred. The program was designed to educate participants in (1) how the body functions, (2) how the consumption of alcoholic beverages affects individual performance, and (3) how to identify and appraise emotions, motivations, and personality factors that influence behavior.

The State drinking-driver law has been amended to authorize judges to assign persons convicted of drunken driving to schools and/or rehabilitative treatment in addition to--or in lieu of--other punishments. Once an offender has been sentenced to attend a program, it is the school system's responsibility to provide the program, to insure that the offender is scheduled into the program, to provide the best quality instructors possible, and to report the results of the offender's participation to the court and to the Department of Education.

California

California agencies involved in drinking-driver programs include the Office of Traffic Safety, Office of Alcoholism, Department of Motor Vehicles, California Highway Patrol, Department of Alcoholic Beverage Control, and the Judicial Council. Drinking-driver countermeasure efforts conducted by these agencies are only a small portion of their total activities.

Alcohol countermeasures operated by the State and local governments in California include

- drinking-driver emphasis patrols,
- a drinking-driver source prevention project, and
- rehabilitation programs.

Drinking-driver emphasis patrols

We visited two police departments in California--Fairfield and Richmond--that operated drinking-driver emphasis patrols. Each patrol unit was composed of four officers working in selected shifts and locations. These patrols were to increase the number of drinking-driver arrests and reduce the number of drinking-driver associated accident injuries and fatalities. Progress reports showed that significant increases had been made in drinking-driver arrests. No information was available, however, concerning the patrols' effect on reducing drinking-driver associated injuries and fatalities.

Drinking-driver source prevention project

The Department of Alcoholic Beverage Control is responsible for licensing and regulating premises which are involved in selling, servicing, consuming, manufacturing, and transporting alcoholic beverages in California. A primary purpose of the Department is to promote temperance in alcoholic beverage consumption.

The Department has operated a project in the Los Angeles area since 1977 to reduce the number of licensees repeatedly serving obviously intoxicated people. Project tasks include

- retrieving and analyzing drinking-driver arrest reports to identify licensed premises which served intoxicated persons who then drove motor vehicles,
- offering education to licensees informing them of their liabilities and responsibilities, and
- conducting undercover investigations at premises which were reidentified after educational visits to observe the premises' operations.

Office of Traffic Safety and Department of Alcoholic Beverage Control officials told us that bar owners and bartenders have cooperated in this project because they fear lawsuits resulting from drinking-driver accidents.

Rehabilitation programs

In January 1976, legislation went into effect in California permitting drivers convicted of their second drinking-driver offense to avoid a mandatory license suspension by participating in an alcohol rehabilitation program. This program was operated in four demonstration counties through December 1977. At the time of our review in June 1978, this program was being evaluated jointly by the Office of Alcoholism and the Department of Motor Vehicles.

Subsequent legislation has expanded the demonstration program statewide (with county option). Since January 1978, 18 California counties have established programs and, if a judge approves, a first-time or multiple offender can choose to enter a 12-month public or private treatment program for alcoholism rather than lose his license. These treatment programs are regulated by the Office of Alcoholism and may include attending a drinking-driver school.

Georgia

The Georgia Office of Highway Safety is responsible for the State's highway safety program which is aimed at reducing the number of traffic accidents, deaths, and injuries. The Office is to carry out the State's responsibilities under the National Highway Safety Act. Its director is the Governor's highway traffic safety representative.

Examples of alcohol countermeasures carried out by Georgia State and local governments are

- funding special units to detect speeders and drinking drivers,
- providing intoximeters to local jurisdictions,
- providing mobile blood alcohol test units to certain jurisdictions, and
- providing courses for convicted drinking drivers to attend.

Special detention units

State and local law enforcement agencies operate patrols emphasizing the arrest of drinking drivers. The State Patrol operates a six-person enforcement unit to detect and apprehend drinking drivers and/or speeders.

Intoximeters

All but one of the State's 159 counties have one or more intoximeters for testing the BAC of drivers suspected of driving under the influence of alcohol.

Mobile BAC test units

In 1977, four counties purchased five mobile blood alcohol test units and related equipment. We were told that using these units reduces the time involved in apprehending, processing, and incarcerating each person charged with drunken driving, allowing the law enforcement officer to return to traffic patrol sooner. The units can be brought to the officer and, when the test results warrant, the units can transport the violator to a detention facility.

Drinking-driver schools

The main rehabilitation program for the convicted drinking driver in Georgia is the drinking-driver school. Although the State does not set standards for privately operated schools, it recommends a curriculum. The schools only need the judge's approval. The court has the right to contract with (1) nonprofit organizations chartered for the purpose of promoting traffic safety or aiding and treating problem drinkers, (2) community-based civic and service organizations, and (3) governmental agencies for administering and operating drinking-driver schools.

Minnesota

In Minnesota, the Department of Public Safety has primary responsibility for coordinating efforts to combat the drinking-driver problem. The Commissioner of Public Safety is the Governor's highway traffic safety representative.

Countermeasures carried out by Minnesota State and local governments include

- operating drinking-driver emphasis patrols,
- purchasing specialized equipment for apprehending the violator and providing training in using the equipment, and
- operating drinking-driver clinics for offenders.

Drinking-driver emphasis patrols

Hennepin County, Minnesota, operated emphasis patrols as part of the ASAP program. These patrols were operated primarily during high drinking-driver incidence times (late night and early morning on weekends). The drinking-driver arrests increased from 3,414 in 1971 to a high of 8,325 in 1974 when the ASAP program ended. Alcohol involvement in fatal crashes was reduced from 63 percent in 1972 to 38 percent in 1976.

Purchasing specialized equipment

Breath-testing devices, mobile vans, video tape recorders, and 16 mm color sound projectors have been purchased and are used in Minnesota for detecting violators. Breath testers were placed in locations throughout

the State and cover about 70 percent of the State geographically and 90 percent of the population. Also, 416 portable breath-test units have been provided to States and local law enforcement units.

Special training has been provided for initial certification (56 hours of training) and annual recertification (8 hours) of breath-testing equipment operators. Presentence investigators, driver education instructors, and driver's license evaluators were also trained in operating the equipment.

Drinking-driver clinics

Drinking-driver clinics have been operating in Minnesota since 1971. The Minnesota Safety Council has managed these clinics since 1975. The purpose of these clinics is to prevent repeated violations by persons referred by the traffic court following alcohol-related traffic offenses. Participants are charged \$25 for the course. By 1976, clinics were operating in 42 of the 87 counties in Minnesota.

No formal evaluation of the clinics has been made. According to one clinic official, however, the repeat rate for drinking-driver arrests decreased from about 11 percent to a negligible rate.

FOREIGN EFFORTS

The drinking-driver problem also exists in foreign countries. According to an April 1976 Traffic Safety article written by Dr. Robert F. Borckenstein, a professor at Indiana University and president of the International Committee on Alcohol, Drugs, and Traffic Safety, alcohol involvement in fatal crashes was about 50 percent in Canada, 25 percent in Great Britain, and 70 percent in Australia. This compared with about 50 percent in the United States.

Many foreign countries have also established anti-drinking-driver programs. We visited Canada, Great Britain, Australia, and Norway. These countries have approached the problem in various ways, but generally they have come no closer to a solution than has the United States. The countermeasure programs in these countries are discussed below.

Canada

Canadian legislation enacted in 1969 established that driving with a BAC greater than .08 percent constituted an offense. It also required that suspected impaired drivers submit to a breath test when requested to do so by a police officer. In 1976, amendments provided for

- roadside screening tests;
- reasonable cause for requesting a breath test changed from suspected impairment to suspected drinking;
- increased penalties for impaired driving, refusing breath tests, and driving with a BAC greater than .08 percent; and
- suspended sentences in some cases in favor of rehabilitation activities.

While this legislation applies to all of Canada, its implementation varies by province. In some provinces, suspected impaired drivers can be requested to surrender their driver's license for a 24-hour period.

In 1976, a Transport Canada official reported that efforts to evaluate the effectiveness of the 1969 legislation were restricted due to the absence of valid baseline data. He reported that from data available the law did not appear to have a large or sustained effect on the drinking-driver problem. Factors mentioned as limiting its effectiveness were (1) Canadian police could only request breath tests on suspicion of impairment and (2) the Canadian public information campaign was designed to merely inform the public on legislative changes.

A number of countermeasures have been attempted in various parts of Canada:

- In a Toronto borough, a concentrated enforcement and education program has been under way for about 1 year. When completed, final evaluation will be made of its impact on such factors as alcohol-related traffic fatalities, public knowledge of the law, and the public's perception of being apprehended.

- An impaired-driver program in parts of Alberta provided for mandatory assignment of offenders to the four-session course covering legislation, license suspension, problem drinking, and driving responsibilities. An Alberta official working with the program stated that he believes the course has a positive effect on social drinkers and first-time offenders.
- A prevention-oriented program called "check-stop" has been operating in Alberta. Using road checks, it attempted to remove the impaired driver from the road but also attempted to change the public's attitude toward drinking and driving. An Alberta Solicitor General report in 1974 stated that the program had favorable public reaction and cooperation. Also, statistics showed that the percent of alcohol-related fatal accidents in a 4-month period ending February 1974 were 38 percent as compared to 55 percent for a similar period earlier, and the number of impaired driving arrests increased from 1,623 to 2,071.
- A program called "Counterattack" in British Columbia focused on the responsible citizen and provided information and public education, enforcement, and research. Its objectives were to change drinking-driver behavior and heighten public awareness and understanding of the drinking-driver problem. A January 1978 report on the program stated that while a vigorous evaluation of a multifaceted program such as Counterattack was virtually impossible, changes in accident and enforcement patterns were being assessed.

In addition to these countermeasures, a 6-month national information campaign entitled "Dialogue on Drinking" was run in 1976-77 using daily newspapers, radio, and various magazines. The program's purpose was to increase the public's awareness that alcohol can be a problem in many spheres of life--including driving. Reportedly, \$1 million was spent on this campaign.

Great Britain

Great Britain enacted the Road Safety Act of 1967 to combat the drinking-driver problem. This legislation differed from previous legislation in that it made it an offense to drive with more than a prescribed amount of

alcohol in the blood. Under previous legislation, the charge of driving while intoxicated was based on a subjective assessment of the driver being unfit to operate a motor vehicle because of alcohol or drugs. The lack of specificity made convictions difficult to obtain. The present Great Britain laws mainly provide for

- making it an offense for a motor vehicle operator to have a BAC greater than .08 percent,
- suspending a driver's license for 1 year upon conviction of driving with a BAC greater than the prescribed limit,
- suspending a driver's license for 3 years when convicted a second time within 10 years, and
- a maximum fine of up to 400 pounds (about \$800) and up to 4 months' imprisonment. These penalties are at the court's discretion.

The act provided that the police could require a driver involved in a traffic accident or a moving traffic violation to submit to a breath test. If the test was positive, the driver was taken to the police station for a second breath test. If the second test was positive, the individual was required to provide a blood or urine sample for analysis. Only if the blood or urine analysis showed a concentration of alcohol in excess of the prescribed limits was the driver charged with the drinking-driving offense. The breath tests were merely screening procedures and could not be used as evidence in court. If the driver refused to submit to a breath test or provide a blood or urine sample, he was charged as though he had provided a blood sample and the concentration was in excess of the prescribed limit.

According to studies performed by the Transport and Road Research Laboratory, a government agency, the act initially had a significant impact on reducing the number of highway fatalities, in terms of drinking drivers who had been killed. Officials attributed this to:

- A publicity campaign which preceded the act and emphasized the penalties for being caught while driving with a BAC in excess of .08 percent.
- The general populace being unsure how the act would be enforced. They assumed that enforcement would be increased and this, in turn, led them to perceive a high risk of being apprehended.

By 1969, however, the percentage of drivers killed in automobile accidents who had a BAC in excess of the prescribed limit began to increase, and by 1973 it was above the pre-Road Safety Act of 1967, as shown below.

Percentage of Drivers Killed
in England and Wales in Road Accidents
With a BAC of .08 Percent or More

<u>Period</u>	<u>Percent</u>
1967 (Jan.-Sept.)	27
1967 (Oct.-Dec.) (note a)	17
1968	17
1969	22
1970	21
1971	26
1972	26
1973	30
1974	33
1975 (note b)	36
1976 (note c)	36

a/Road Safety Act became effective October 9, 1967.

b/Data incomplete but final percentages expected to show little or no change.

c/Based on data for January to May to show possible trends.

The number of convictions has increased from about 10,000 in 1966--before the Road Safety Act was enacted--to about 54,400 in 1976. This increase is not necessarily indicative of increased judicial enforcement because convictions are easier to obtain now due to the prescribed BAC limit.

The act's impact on reducing driver fatalities was short term because drivers soon realized that the risk of being apprehended was not as great as initially perceived. According to officials in the Department of Transport, an article published by a consumer association estimated that, on the basis of surveys and other statistics, the risk of being apprehended while drinking and driving was 1 in 1,000. This, coupled with the little time police devote to enforcing the drinking and driving law (estimated at less than 10 percent), means that the chances of being apprehended while drinking and driving

were minimal. Nevertheless, officials estimate that during the 7 years following the act's passage, it was responsible for saving 5,000 lives and preventing 200,000 injuries.

A recent change in the law increased the maximum fine from 400 pounds (\$800) to 1,000 pounds (\$2,000) and extended the term of imprisonment from 4 to 6 months. It also provided that, with very few exceptions, all defendants would be tried by nonjury trial in a magistrate's court in order to relieve the court load.

Australia

Alcohol was considered an integral part of the lifestyle in Australia. A report by the Senate Standing Committee on Social Welfare stated that Australia was ninth or tenth in the world in per capita absolute alcohol consumption. From 1966 through 1977, beer consumption for adults 18 years and over was up 20 percent; liquor, up 50 percent; and wine, up 100 percent. Surveys have shown that a large proportion of persons, particularly males, frequently combined drinking and driving.

A statistical analysis of traffic deaths in the Brisbane metropolitan area by Dr. John I. Tonge, a Brisbane pathologist, highlights the drinking-driver problem. Since 1955, routine blood and urine alcohol levels have been determined in all traffic fatalities which involved victims over the age of 14 years and when death occurred within 12 hours of the accident. The analysis performed by Dr. Tonge correlated BACs with fatalities, and resulted in the following:

<u>Time frame</u>	<u>Number of driver fatalities</u>	<u>Percent of driver fatalities with BACs at or above</u>			
		<u>.05%</u>	<u>.10%</u>	<u>.20%</u>	<u>.30%</u>
July 1955-June 1963	124	50.0	41.9	16.1	0.8
July 1963-June 1968	199	53.2	45.7	17.5	2.0
July 1968-June 1973	211	49.7	45.0	18.4	0.9

Traffic safety in Australia is primarily a state responsibility with only limited involvement by the federal government. Virtually all drinking-driver countermeasures were carried out by the state governments.

The basic laws, which were similar among the states, make driving with a BAC at or above a prescribed limit

an offense. In Victoria, the prescribed limit was .05 percent, as compared with .08 percent in the other states. The laws setting out specific BAC limits have provided enforcement and judicial officers objective criteria for apprehending offenders and assessing penalties. These laws were accompanied by breath-testing equipment, which became the predominant means of determining BACs for prosecution purposes.

Most drinking-driver offenses in Australia were handled under the magistrate court system, a statewide system which handles such cases as traffic offenses and minor lawsuits. Guilty pleas predominated in those states we visited. The breath-test results were considered conclusive proof of guilt or innocence, thus there was little ground on which to base a defense.

Drinking-driver arrests and convictions have increased since breath-testing laws were introduced. Some state officials believed this was due to the ease of quickly ascertaining BACs rather than specific campaigns to apprehend drinking drivers. Under the current laws, police may administer preliminary breath tests to drivers under the following conditions:

- If the driver is involved in an accident.
- If the driver is apprehended for breach of some other law.
- If the police officer has reasonable suspicion that the driver is impaired by alcohol.

After police were authorized to operate breath-testing equipment, drinking-driver convictions in New South Wales almost doubled, going from 6,674 in 1968 to 12,240 in 1969; similarly, in Queensland, they increased from 4,630 in 1973-74 to 8,085 in 1974-75.

Police and other officials involved in drinking-driver countermeasure programs agreed that enforcement and convictions have increased over the years but did not know whether this had significantly contributed to making the roads safer.

We were told that the public information campaigns in Australia were primarily state functions, although the federal government provided assistance in the form of pamphlets and films. In Victoria, the Road Safety and Traffic Authority conducted media campaigns which were

geared to acquainting people with the law. "Turn off at .05" became the slogan used in brochures, television, newspapers, and bumper stickers. The slogan referred to the BAC at which one could be charged with drunken driving. Authority officials said the campaign was directed at the typical person who combined drinking and driving and who would continue to do so.

Some states claimed success from their public information campaigns. In Victoria, the Road Safety and Traffic Authority conducted surveys showing an increased familiarity with the drinking-driver laws following the informational campaigns. Similarly, a New South Wales study by the Traffic Accident Research Unit showed that its informational campaign had been successful at

- increasing awareness of the relationship between drinking and driving and serious traffic crashes,
- increasing awareness of the breath-testing legislation and the penalties contained in it, and
- increasing awareness of the amount of alcohol required to break the law.

Victoria Road Safety and Traffic Authority officials believed it was not practical to ask persons to largely change their behavior, such as never combining drinking and driving. Such a suggestion in a public information campaign, they believed, would be tuned out by the Australian audience. Instead, they asked for a small behavior change, namely, using alcohol responsibly when driving.

Because clear-cut evidence is lacking as to effective solutions, Australian officials' opinions were mixed as to what could or should be done about the drinking-driver problem. Most believed that drinking and driving were part of a complex social problem which has no easy solution and cannot be treated the same as other traffic safety issues. They felt that before any countermeasures can be successful, there must be a change in the biggest inhibiting factor of all--social attitudes.

Norway

Norway has had legislation dealing with the drinking driver since 1912. The legislation has been amended several times since then, most notably in 1936 and 1959.

The initial legislation provided that an individual driving a motor vehicle must be sober. In 1936 a provision was added that driving with a BAC in excess of .05 percent constituted an offense. In 1959, additional legislation provided that a person

- was considered under the influence if the quantity of alcohol in the body might lead to a BAC of .05 percent,
- should not partake of alcohol for 6 hours after driving if he knew or should have known that a police investigation might be made as a result of his driving, and
- who refused to submit to a blood test should be deprived of his driver's license for at least 2 years.

The penalties for a first offense of drinking and driving with a BAC in excess of the limit were a mandatory minimum 21-day imprisonment and a mandatory 1-year suspension of the driver's license. (In contrast, such a conviction in Minnesota would result in a 30-day driver's license revocation.) Norway also required a mandatory 2-year suspension of the driver's license if the offender refused to submit to a blood test. A second conviction within 5 years would result in the driver's license being permanently withdrawn.

Because of the longstanding legislation and the severe penalties associated with conviction, the general populace accepted and agreed with the law, and perceived a high risk of apprehension. Despite this, it was estimated that from 30 to 50 percent of the drivers involved in accidents resulting in deaths or injuries were under the influence of alcohol. Also, convictions for drinking and driving had increased steadily, from 5,536 in 1971 to 7,166 in 1976 and according to one study, 31 percent of convicted drinking drivers had previous convictions.

A government committee was appointed to study drinking-driver laws; about 2 years ago it proposed certain alternative reforms, the most important of which are:

- Doing away with the mandatory 21-day prison sentence for all convictions and substituting fines for those convicted with a BAC from .05 percent to .12 percent. A prison sentence would be

retained for those convicted with a BAC above .12 percent.

--Increasing the prescribed BAC limitation.

--Reducing the mandatory prison sentence from 21 days to 7 days.

The Parliament has not acted on these proposals. The consensus was that these proposals would not be adopted because most officials we interviewed were against any change in the law. Some officials, however, believed that the reduced prison sentence had the best chance of being adopted.

The true extent of the drinking-driver problem was not known because police could not selectively require a driver to take an alcohol breath test. They must first have probable cause to suspect a driver had been drinking. Occasionally, the police would set up special road-blocks for vehicle safety inspections and at that time they would check for drinking drivers. However, only about 5 percent of police time was devoted to such efforts.

The chief of the Highway Patrol in Norway stated that until the police have the authority to require a breath test--without first having to have probable cause--the full extent of the drinking-driver problem will not be known.

Advertising alcoholic beverages in Norway has been banned since September 1973. The ban applies to (1) substances intended or described as being suitable for adding to spirits, wine, fruit wine, and mead, (2) alcoholic beverages containing over 2.5 percent alcohol by volume, and (3) material describing the manufacturing process, apparatus, or other means of producing alcoholic beverages. Violation of the advertising ban is punishable by fines or imprisonment for up to 6 months.

Norway has defined advertising as "any form of mass-communication for marketing purposes." This includes advertisements in printed publications, films, illuminated advertisements, posters, signs and similar fixtures, reproductions, exhibitions, and distributing sample products and printed matter. Advertisements which merely contain an alcoholic beverage producer's name were assumed to be affected by the ban, inasmuch as the advertisement's purpose was undoubtedly to promote sale of the

alcoholic beverage. The advertising ban did not apply to ordinary news coverage, newspaper articles, and technical articles regarding alcohol.

Other exemptions from the ban were:

- Advertisements in foreign printed publications which were imported into Norway, unless the publications' major objective was to advertise alcoholic beverages in Norway.
- Informative advertisements in trade journals and other information aimed at sellers as part of the ordinary sales process.
- Advertisements depicting where alcoholic beverages were served.
- Informational signs (not illuminated signs) of small format containing, for example, the word "BEER" in connection with a place of sale. The sign could also indicate which types of beer were for sale but the name of the company and/or the company's trademark may not appear on the sign.
- Labeling or ordinary serving fixtures with the producer's company name or trademark. However, special advertising for alcoholic beverages on menus, beer and wine lists, and "reserved" cards are not permitted.
- Labeling vehicles, packages, service uniforms, and business papers with the company name and/or trademark.

PRIVATE EFFORTS

In addition to Federal, State, local, and foreign government efforts, private organizations--such as the National Safety Council, the American Medical Association, and the American Automobile Association--had programs directed towards the drinking driver.

The National Safety Council and its affiliated local units prepared and distributed posters, magazines, pamphlets, and booklets in addition to developing and presenting drinking-driver courses. The American Medical Association prepared alcohol information data for use in State driver manuals. The American Automobile Association provided materials to educate the public on alcohol's

effect on driving and recently developed course material for school driving programs.

Some insurance companies have campaigned against drinking and driving. One insurance official told us that his company had spent millions of dollars on such campaigns in the late 1960s and early 1970s but was no longer involved in the area. Another insurance company issued a brochure to its employees which explained the effects of alcohol on the body.

Also, colleges and universities have performed research projects directed at the drinking-driver problem.

CHAPTER 3

OBSTACLES TO A SUCCESSFUL ANTI-DRINKING-DRIVER CAMPAIGN

The inability to solve the drinking-driver problem has led many to ask: what are the reasons for this condition? We obtained views from highway safety representatives in all 50 States, Washington, D.C., and Puerto Rico through a questionnaire, and interviewed numerous officials at all three government levels, as well as others knowledgeable in the field of alcoholism and drinking-driver problems, to identify the major obstacles to successful programs for reducing the drinking-driver problem. Table 2 below lists the views of highway safety representatives in each State, Washington, D.C., and Puerto Rico concerning this issue.

Table 2

Questionnaire Results

Views Concerning Obstacles to Combating the Drinking-Driver Problem

<u>Obstacles</u>	<u>Percentages</u>		
	<u>Obstacles</u>		<u>No response</u>
	<u>Yes</u>	<u>No</u>	
Growing social acceptability and use of alcohol	79	21	-
Lack of adequate method to evaluate the success of the anti-drinking-driver campaign	77	23	-
Shortage of resources to minimize the drinking-driver problem	77	23	-
Lack of judicial system support to help solve the drinking-driver problem	73	25	2
A crowded court system inhibits increased drinking-driver enforcement	62	38	-
Lack of Federal leadership in the design and development of public information and education programs to combat the drinking-driver problem	56	44	-
Lack of effective methods to identify and penalize servers of alcohol who contributed to the drinking-driver problem	56	36	8
Lack of adequate commitment on the part of enforcement officials to solving the drinking-driver problem	54	44	2
NHTSA has not adequately informed the States of the relative success of other State and local drinking-driver programs	54	44	2
Lowered legal drinking age	37	63	-

SOCIAL ACCEPTABILITY AND USE OF ALCOHOL

The growing social acceptability and use of alcohol was the most frequently mentioned obstacle to solving the drinking-driver problem.

In a 1977 Gallup poll, 71 percent of American adults identified themselves as "drinkers" as opposed to "abstainers." Per capita consumption of alcohol has been increasing steadily over the past 20 years. Drinking is often associated with leisure settings--aboard the boat, off the tennis court, or during or after a ball game. The cocktail hour, an afternoon/early evening American custom, is a popular time in many homes, restaurants, and drinking establishments. State and local officials commented on the fact that drinking is often associated with positive concepts in our society, such as maturity, glamour, and good times.

Alcohol consumption and driving, two major activities in some people's lives, often mix--which results in a large and costly drinking-driver problem. According to some Government officials, the public's indifferent attitude or lack of commitment to the drinking-driver problem is an impediment to its solution. Most people believe that drinking and driving is unacceptable only when it results in an accident that affects a friend or relative. Since such occurrences are relatively rare, the public has empathy for most convicted drinking drivers, and looks upon them as otherwise law-abiding individuals who unfortunately got caught doing two legal and widely practiced activities in an illegal combination. This attitude has caused juries to be swayed by sympathy, due to their knowledge that a conviction followed by license revocation may lead to hardship to the individual or family involved.

Dr. Robert Borkestein said that alcohol-related problems are difficult to attack because they are cultural. He said the general public does not think there is anything wrong with drinking and driving as long as a person does not drive badly. This is why there is so little support for campaigns such as "if you drink, don't drive." The public objects only if a drunk staggers out of a bar, gets into his car, and weaves down the road. However, no one sees himself as this type of person.

The advertising programs of the alcohol beverage industries have been blamed for encouraging society's indifferent attitude towards drinking and driving.

According to some State officials and others knowledgeable in the alcohol area, advertisements make drinking more socially acceptable, which in turn makes it more difficult for the public to appreciate the seriousness of the drinking-driver problem.

In the United States, radio and television codes prohibit advertising hard liquor, while advertising beer and wine is acceptable when presented "in the best of good taste and discretion." An official of the National Association of Broadcasters Code Authority stated in 1976 before the Senate Subcommittee on Alcoholism and Narcotics that he felt this decision was based largely on the alcohol content of the different beverages--the traditional reasoning being that beer and wine had much lower alcohol content than hard liquor and, if properly used, were not going to harm anyone. The facts are, however, that a 12-ounce can of beer or a 5-ounce glass of wine contains the same amount of alcohol as 1-1/2 ounces of hard liquor.

Some officials noted that often alcohol advertisements convey a favorable lifestyle image. For example, advertisements are sometimes presented by a famous personality or sports figure, and some officials stated that this type of advertising could have a particular appeal for groups such as the youth.

There were varied opinions on whether advertising increases overall consumption. Some individuals felt that advertising did increase overall consumption and may subsequently increase the number of drinking drivers. Others felt that advertising did not increase overall consumption but rather promoted a particular brand. This issue is currently being studied jointly by the Department of Transportation; the National Institute on Alcohol Abuse and Alcoholism; the Bureau of Alcohol, Tobacco, and Firearms; and the Federal Trade Commission.

COUNTERMEASURE EVALUATIONS

Responding to our questionnaire, many State officials indicated that inadequate countermeasure program evaluations were an obstacle to solving the drinking-driver problem. Our research and interviews with traffic safety officials and researchers indicated that evaluations of drinking-driver countermeasure programs were subject to criticism for a number of reasons. The more common comments were:

--Valid data did not often exist for establishing a base line from which to measure progress. For

example, in some States neither surviving drivers were tested for BAC nor were fatally injured drivers always tested. In one State we were told that only an estimated 20 to 25 percent of drivers killed in automobile accidents were tested because precedence was given to life-saving measures or because the body was claimed before the sample could be taken.

- The countermeasure programs were not long enough to demonstrate results. For example, according to Dr. Scrimgeour, the federally funded ASAP program's ultimate success or failure will never be measured because of the short time limit imposed.
- The inability to measure the ultimate success of saving lives. Dr. Scrimgeour, in evaluating the ASAP experiment, stated:

* * * figures on the ASAPs measured progress, not product: arrests and arrest rates, changing BAC levels, number of persons sentenced, number of persons not being rearrested within a given period, * * * essentially measure only that the level of interest and response in a community has risen, or that activity is going on where there was none or less before. They cannot measure ultimate 'success' because (a) no one knows yet whether there is any relationship between any of these activities and an ultimate reduction in fatalities; and (b) there has not been enough time.

* * * * *

"It may take 10 years to show an ASAP payoff in terms of declining numbers of lives lost and of drivers who are drinking."

- There are too many variables involved to measure the impact of alcohol countermeasure programs.

RESOURCES

Most State officials indicated that a shortage of resources was an obstacle to reducing the drinking-driver problem. Local officials also cited the lack of resources available to them--manpower and equipment--as one of the major reasons why the drinking driver remains a significant traffic safety problem.

We were told by other officials concerned with the drinking-driver problem, however, that resources currently available were adequate, but emphasis was needed to focus on the problem. For example, Dr. Borkenstein told us that the enforcement level could be increased with existing resources. A Minnesota Department of Public Safety official stated that without adding any resources, the drinking-driver arrest rate could be quadrupled by emphasizing the problem, especially at the police supervisor's level.

JUDICIAL SUPPORT

The attitude of judges and juries greatly determines how the drinking driver is prosecuted, adjudicated, and sentenced. As indicated from our questionnaire, about 73 percent of the respondents felt that lack of judicial system support was an obstacle to solving the drinking-driver problem.

Judicial support of the drinking-driver problem varies by locality. State laws set maximum penalties, but the actual sentence is up to the judge. Penalties applied by the judges within a State may range from a small fine to losing a license and serving time in jail. Our discussions with judges in one State revealed one who favored heavy fines and jail sentences, three who gave defendants a choice between going to jail or attending a rehabilitation program, two who considered the defendant's background when determining whether punitive or rehabilitative measures were called for, and one who tried to put himself in the defendant's place and "give" as much as possible.

Some judges supported countermeasure programs and used the presentence investigation results while others did not. A NHTSA official said that judges must become involved in the drinking-driver area, especially in referring offenders to rehabilitation programs. He said a need exists to strengthen the court services referral area to direct offenders to the proper treatment area. Other officials told us some judges need education in dealing with the drinking driver.

A drinking-driver program coordinator at the State level said many judges are quite independent and it may be hard to change their attitudes. A NHTSA report, however, noted that the attitude of judges who participated in federally funded countermeasure programs differs significantly from the norm in dealing with the drinking

driver. The report noted that these judges were positive, enthusiastic, informed, and cooperative.

Some judges and prosecutors told us that when the drinking-driver case goes to court and a jury trial is requested, it is sometimes difficult to obtain a conviction because the jury may sympathize with the defendant. Jurors may not want to see the offender or his/her family suffer to the extent of license revocation, jail sentence, insurance rate increases, and possible job loss.

COURT WORKLOAD

About 62 percent of the State highway safety representatives indicated that a crowded court calendar was an obstacle to solving the drinking-driver problem. Judicial officials in Louisiana stated that court calendars were very crowded--with 4 to 6 months between an arrest and trial.

Increased emphasis on apprehending drinking drivers can logically overburden the courts. Some States have recognized this problem and taken steps to alleviate it. For example, the State of Washington's Traffic Safety Commission assured that funds were available for additional court personnel whenever drinking-driver emphasis patrols were funded. Some localities established administrative bodies to adjudicate traffic offenses, thereby easing the workload of the regular courts.

Many officials, however, indicated that their existing court resources were adequate to handle workload increases resulting from additional emphasis on enforcement.

FEDERAL LEADERSHIP IN PUBLIC INFORMATION AND EDUCATION

About 56 percent of the respondents to our questionnaire indicated lack of Federal leadership in designing and developing public information and education programs as an obstacle to solving the drinking-driver problem.

We brought this apparent need to establish a federally sponsored public education program to the attention of the Administrator of NHTSA in a letter dated March 1, 1978. We reported that several State highway safety representatives had told us that a serious information void existed. We also reported that the States

indicated they could develop public education material themselves, but central development by the Federal Government would help avoid duplicated effort, serve to reduce overall costs, and result in a more suitable product.

To help insure that the public receives the necessary information, and to reduce duplicated effort by individual States and local governments in preparing education materials, we recommended that NHTSA promptly establish an active public education program.

In response to our letter, the Administrator stated that NHTSA has no higher priority than controlling drinking drivers on the Nation's highways and agreed that a full-scale public education program is essential. The Administrator indicated that several steps were being taken to assure that States received educational information and further guidance for conducting public education programs.

METHODS TO IDENTIFY AND PENALIZE SERVERS OF ALCOHOL

Over the years there have been attempts to penalize servers of alcohol who contribute to the drinking-driver problem. Laws enacted for this purpose basically give a person who has been injured by an intoxicated person a civil action against the liquor vendor who served intoxicating beverages to the person while he/she was intoxicated. These laws are commonly referred to as Dram Shop laws.

About 56 percent of the highway safety representatives believed that the lack of effective methods to identify and penalize servers of alcohol was an obstacle to a successful anti-drinking-driver campaign. According to one State Alcoholic Beverage Control director, the laws which penalize the servers of alcohol are the most effective legal measure that law enforcement agencies have in combating the drinking-driver problem. A county police officer in another State agreed.

Some State and county officials said these laws were difficult to enforce because

--bartenders may be fearful that a fight will occur if they refuse to serve a customer,

--adequate manpower is not available to provide surveillance, and

--bartenders may not be qualified to determine whether a person is intoxicated.

The Commissioner of one State's Alcohol Beverage Control Commission has not revoked any retail permits for the sale of alcoholic beverages to obviously intoxicated persons in the past 2 years. The Commissioner cited a lack of guidelines to determine violations and insufficient manpower as the main reasons why these laws had not been enforced. In another State, the regulation which stated that it was illegal to serve an obviously intoxicated person was inconsistent with a Department of Motor Vehicle regulation which stated it was illegal to drive under the influence of alcohol, because a person's BAC may be high enough to impair his or her driving ability and yet he or she may not be obviously intoxicated.

To complement the Dram Shop laws, States such as California offer programs to inform alcoholic beverage servers of their responsibilities and liabilities. Because of skyrocketing insurance rates, these programs have been well attended. Many State and local traffic safety officials believe that these educational efforts should continue, because informing servers of alcoholic beverages about their responsibilities can be an effective countermeasure to the drinking-driver problem.

ENFORCEMENT COMMITMENT

As indicated in table 2, about 54 percent of the State highway safety representatives believe the lack of adequate commitment on the part of enforcement officials is an obstacle to solving the drinking-driver problem.

Enforcing drinking-driver legislation varies by locality. Law enforcement agencies work within certain resource constraints; therefore, efforts in various areas must be prioritized. The drinking-driver countermeasure efforts are sometimes not high priority. The question must be asked whether the community really wants strong drinking-driver enforcement or not.

We were told by a city prosecutor that law enforcement officers may not arrest the drinking driver because he or she is often not considered a criminal and may even be a friend or neighbor. Some officers drive alcohol-impaired drivers home rather than arrest them. Other officers only arrest an offender if there has been an accident or if the offender has become abusive; still others may not want to deal with a person under the influence of alcohol who may become hostile.

As discussed in chapter 2, some localities are committed to enforcing the drinking-driver laws, as demonstrated by the increased number of drinking-driver arrests made in those communities operating enforcement countermeasures.

NHTSA INFORMATION SYSTEM ON COUNTERMEASURE PROGRAM SUCCESS

NHTSA had funded many alcohol countermeasures including 35 ASAPs. About 54 percent of the questionnaire respondents indicated that NHTSA was not adequately informing the States of other State and local governments' countermeasure programs' success. Information on the success or failure of specific alcohol countermeasures could help States in developing new countermeasures.

At the time of our review, NHTSA was preparing a report which will (1) cover what has taken place within the United States to combat the drinking-driver problem since 1970 and (2) discuss each State's effort to combat the problem. When released, this report should inform the State and local governments of drinking-driver countermeasure activities.

LOWERED LEGAL DRINKING AGE

In the early 1970s there was a concerted effort by various groups to lower the legal drinking age. Proponents claimed that young people already drank, they could acquire alcoholic beverages at will, and the legal change would simply legitimize existing behavior. Civil libertarians and others argued that thousands of young people served in the armed forces in Vietnam and elsewhere, yet were unable to purchase alcoholic beverages at home. Some parent groups and educators viewed the lowered drinking age as replacing poorly understood, illegal, and socially unacceptable drugs with legally available alcohol. No one actually knew what the impact of the lower legal drinking age would be. By late 1973, 24 States had lowered their drinking age, generally to 18 years of age.

About 63 percent of the State highway traffic safety representatives responding to our questionnaire did not perceive the lowered legal drinking age as an obstacle to the solution of the drinking-driver problem. During the course of our work, however, we reviewed numerous studies and reports indicating that the lowered drinking age has increased the incidence of alcohol-involved collisions among young drivers.

- In 1973, NHTSA contracted with the University of Michigan's Highway Safety Research Institute to scientifically analyze the effects of the lower legal drinking age on youth crash involvement. The NHTSA initiative was in response to public reaction to the initial effects of the lower legal drinking age being reported by several States, including Michigan. The findings showed that for the period January 1972 through June 1973, the frequency of 18 to 20 year-old male drivers in alcohol-related traffic crashes increased between 10 and 26 percent over the 1968-71 time period.
- A 1974 Ontario study found that both the consumption of alcohol and its involvement in traffic accidents increased after the minimum drinking age was reduced from 21 to 18 in 1971. Alcohol sales statistics indicated that the decreased age limit led to a substantial increase in the amount of alcohol consumed by 18 to 20 year-olds, and that most alcohol was consumed in public places.
- A 1977 Illinois study concluded that reducing the minimum drinking age from 21 to 19 for beer and wine, and 21 for liquor had a definite negative effect on Illinois traffic safety by increasing fatalities, serious injuries, and property damage. An increase of 33 fatalities in 1975 is estimated to have been directly related to the legal access to alcohol granted the 19 and 20 year-old drivers.
- Research by the Traffic Injury Research Foundation of Canada in 1977 showed that 20 to 24 year-old impaired drivers were 31 times more likely to be involved in fatal highway collisions than the average nonimpaired driver. The 18 to 19 year-old impaired drivers presented a 70 times greater risk of being involved in a fatal collision than the average nonimpaired driver. The report stressed that the 18 to 20 year-old is at more than double the risk when he is impaired than a similarly impaired 20 to 24 year-old.
- A 1977 report done by the University of Michigan's Highway Safety Research Institute and the Michigan State Police concluded that crash involvement by 18, 19, and 20 year-olds increased substantially subsequent to the 1972 change in the legal drinking age, and that this increased involvement resulted from lowering the legal drinking age.

--A 1977 Canadian study assessed the impact of changing the drinking age by focusing on the incidence of collisions by young drivers in a single community over a time that included 3-1/2 years before the change and 4 years after the change. Marked increases in the incidence of alcohol-related collisions by young drivers was observed.

CHAPTER 4

CONCLUSIONS, RECOMMENDATIONS, AND AGENCY COMMENTS

CONCLUSIONS

The drinking-driver problem is a highly complex issue, and governments at all levels, private organizations, and concerned citizen groups are spending millions of dollars on various drinking-driver countermeasure programs. Yet statistics continue to indicate that, overall, one-half of highway fatalities--or about 25,000 persons annually--are alcohol related.

Does this mean that all alcohol countermeasure efforts are doomed to fail? Should current programs in education, enforcement, adjudication, and rehabilitation be discontinued? Is there a combination of programs which has not yet been tried? Is money being thrown away on a "utopian" dream which will never reduce highway deaths and injuries, regardless of how much is spent?

No clear-cut answers to any of these questions exist. Years of research and program efforts have shown that no one has the answers. As our report has pointed out, however, some drinking-driver countermeasure programs have shown limited success and need to be continued on an expanded basis.

Recent efforts have demonstrated that, on a local basis,

- public awareness of the drinking-driver problem can be increased;
- the number of arrests and convictions of drinking drivers can be increased;
- the number of alcohol-involved fatal crashes can be decreased;
- the number of problem drinkers identified and referred to rehabilitation treatment programs can be increased; and
- the commitment of such officials as law enforcement officers, prosecutors, and judges in dealing with the drinking driver can be improved.

Even with these indications of limited success, many obstacles exist which adversely affect the ability of

governments to effectively deal with the drinking-driver problem. The growing social acceptability and use of alcohol, inadequate countermeasure evaluations, resource shortages, inadequate commitment to enforcing drinking-driver laws, and lack of judicial support are frequently blamed for lack of success.

Research on alcohol abuse and the drinking-driver problem, Federal project evaluations, and views of individuals knowledgeable in the traffic safety field have led us to believe that the major obstacle is society's general attitude towards drinking and driving. An article written a few years ago by Mr. Edward Hanrahan, State Attorney of Cook County, Illinois, summarizes the underlying problem.

"No matter how much we publicly rant and rave against the drunken driver, no matter how many 'safe driving' campaigns we mount, we are not going to make much headway until we recognize the fact that our attitude toward drinking and driving is shot through with sentimentality, apathy, and just plain boredom."

We believe that a concerted effort will be necessary to help bring about a change in attitudes. Based on our review, the following approaches appear to be the most promising for changing attitudes. These approaches, in our judgment, represent areas meriting serious consideration.

1. Media education. The media is an important information source for the general public. Depending on the locality, the media has been effectively used to increase society's awareness of the alcohol problem. In our view, Federal, State, and local organizations should continue to use television, radio, newspapers, magazines, and pamphlets to increase the general public's awareness of the extent and serious nature of the drinking-driver problem. Further, the media could be used to suggest possible actions the public could take to help alleviate the problem. If the public is continually made aware of the problem's extent and nature, a greater likelihood exists that it will get involved and assist in solving the problem.
2. Formal education. Formal education can be used to modify the attitudes and behavior of the present generation and mold the attitudes of developing

generations. Courses emphasizing the effects of alcohol on driving are very important. The formal educational effort, however, should mostly be directed towards youth in their formative years. Material stressing alcohol's physiological and motor effects could be included in the very early years of education. Such material should also be continually emphasized throughout the entire formal education process, and particularly in the high school driver training programs.

3. Enforcement. For those individuals who are not reached by the media and formal education efforts, or who choose to ignore the message and continue driving while intoxicated, enforcement programs and practices serve as an educational tool. Enforcement can include everything from arrest through conviction and even serving time in jail. Enforcement should be directed at increasing awareness of the seriousness of drinking and driving and being apprehended.
4. Rehabilitation. Rehabilitation is also a form of education. With respect to the drinking driver, it generally comes into play after an individual is arrested for violating one or more drinking-driver laws. Once identified, these individuals should be directed to publicly or privately sponsored rehabilitation programs.

We believe that before any significant reduction in alcohol-involved accidents will occur, a long term continuous commitment, probably lasting for generations, must be made. All government levels, educational institutions, and the general public will need to work together to bring about the desired change in attitudes about drinking and driving. We believe it is imperative that the Secretary of Transportation initiate a leadership role in this effort, as part of his responsibility under the Highway Safety Act of 1966. The Secretary should provide encouragement, technical assistance, and--to the extent possible--financial assistance to State and local governments and private organizations to reduce the drinking-driver problem.

RECOMMENDATIONS

We recommend that the Secretary of Transportation, as part of a Federal effort to emphasize the importance of alcohol countermeasure programs:

- Work with other Federal agency heads to establish a mechanism for coordinating alcohol-related activities--such as advertising, education, rehabilitation, and law enforcement--in developing an aggressive national program that deals with the entire alcohol abuse problem and specifically with the drinking driver. For example, the Secretary of Transportation, in conjunction with the Secretary of Health, Education, and Welfare, should be working with the National Institute on Alcohol Abuse and Alcoholism in its current efforts to recommend legislative changes concerning alcohol use and abuse.
- Identify those States which need to give higher priority to alcohol countermeasures and encourage them to do so in their traffic safety programs.

Because alcohol remains the largest single factor leading to highway fatalities, the Secretary of Transportation should continually

- assign high priority to efforts to combat the drinking-driver problem;
- support research to develop evaluation measures for drinking-driver countermeasure programs, and work with the States to upgrade or expand their programs to include such measures;
- serve as a center for disseminating information to States on drinking-driver countermeasures which have the best potential for reducing traffic deaths and injuries;
- support training and educational programs for law enforcement officers, judges, prosecutors, and others to enhance their knowledge of and commitment to solving the drinking-driver problem; and
- support nationwide and local programs to inform the public about the drinking-driver problem, and inform individuals and organizations on what they can do to help reduce the problem.

AGENCY COMMENTS

The Department of Transportation concurs that it should continue to emphasize the importance of combating the drinking-driver problem. The Department agrees that high-level as well as program-level coordination with other Federal agencies would be beneficial in establishing a national program dealing with alcohol abuse.

Department officials stated that some coordination with other Federal agencies now exists at a lower level but could be more effective if the agency heads were involved. The officials further stated that the Department is taking steps to identify States that need to give a higher priority to drinking-driver countermeasures by analyzing the States Highway Safety Plans.

U.S. GENERAL ACCOUNTING OFFICE
SURVEY OF DRINKING DRIVER PROGRAMS



Please answer each of the following questions as frankly as possible. Rather than requiring any research on your part, we are seeking your spontaneous responses. We would like your broad perspective on all activities within the State, including State, county, and local programs, as opposed to only those which are State-administered.

There is space at the end of the questionnaire for any comments you may wish to make concerning the drinking-driver problem, this questionnaire, or any other related topics.

The questionnaire is numbered so that we can avoid sending you unnecessary followup requests. Please return the completed questionnaire in the enclosed envelope. If you have any questions, please call Mr. Gene Wichmann, (202) 426-1777.

RESPONDENT INFORMATION

NAME: _____

TITLE: _____

TELEPHONE: () _____

2. For the most important program above (i.e. ranked number 1), please provide your best estimate of the most current annual cost and manpower requirements.

\$ _____ Annual cost
_____ Manpower requirements (full-time equivalent)

3. How long has the number one-ranked program been emphasized in your State?

_____ years, or _____ months

4. Has the effectiveness of the number one-ranked program been formally evaluated?

- Yes (If an evaluation report is readily available, may we have a copy or citation?)
- No

POTENTIAL OBSTACLES TO REDUCTION OF THE PROBLEM

The following items have been identified to us as potential obstacles to a successful national program to reduce the drinking-driver problem. We would like your opinion on whether you consider these to be obstacles or not, and, if so, to what degree? Where you consider an item to be an obstacle, we also seek your opinion on potential solutions. Please add on any obstacles or possible solutions that you believe are significant.

1. What do you consider to be the three most important current or past efforts that have been undertaken in your State to combat the drinking-driver problem? Indicate the 3 most important by placing a 1 in the box next to the most important, a 2 in the box for the next most important, etc.

- Instituting or increasing the use of special police patrols for the drinking driver.
- Increasing all traffic enforcement actions.
- Instituting greater control over issuing and/or renewing driver licenses.
- Instituting or expanding a public information and education campaign.
- Instituting a driver rehabilitation program in conjunction with courts.
- Continuing or expanding the Federal Alcohol Safety Action Program.
- Instituting random roadside checks for drinking drivers.
- Increasing the use of various alcohol detection devices or systems.
- Other: (Please specify.) _____

5. Lack of an adequate method to evaluate the success of the anti-drinking driver campaign.

- Is this an obstacle?
- No
 - Yes, a minor obstacle
 - Yes, a major obstacle

Comments and potential solutions: _____

- 6. Lack of adequate commitment on the part of enforcement officials (State Highway Patrol, County, or Local) to solving the drinking-driver problem.

Is this an obstacle?

- No
- Yes, a minor obstacle
- Yes, a major obstacle

Comments and potential solutions: _____

- 7. Lack of Federal leadership in the design and development of public information and education programs to combat the drinking-driver problem.

Is this an obstacle?

- No
- Yes, a minor obstacle
- Yes, a major obstacle

Comments and potential solutions: _____

- 8. Shortage of resources (i.e. manpower, equipment, etc.) to minimize the drinking-driver problem.

Is this an obstacle?

- No
- Yes, a minor obstacle
- Yes, a major obstacle

Comments and potential solutions: _____

- 9. Growing social acceptability and use of alcohol.

Is this an obstacle?

- No
- Yes, a minor obstacle
- Yes, a major obstacle

Comments and potential solutions: _____

- 10. NHTSA has not adequately informed us of the relative success of other State and local drinking-driver programs.

Is this an obstacle?

- No
- Yes, a minor obstacle
- Yes, a major obstacle

Comments and potential solutions: _____

- 11. A crowded court system inhibits increased drinking-driver enforcement.

Is this an obstacle?

- No
- Yes, a minor obstacle
- Yes, a major obstacle

Comments and potential solutions: _____

- 12. Lack of judicial system (i.e. judges, prosecutors, etc.) support to help solve the drinking-driver problem.

Is this an obstacle?

- No
- Yes, a minor obstacle
- Yes, a major obstacle

Comments and potential solutions: _____

- 13. Lack of effective methods to identify and penalize servers of alcohol who contribute to the drinking driver problem.

Is this an obstacle?

- No
- Yes, a minor obstacle
- Yes, a major obstacle

Comments and potential solutions: _____

- 14. Lowered legal drinking age.

Is this an obstacle?

- No
- Yes, a minor obstacle
- Yes, a major obstacle

Comments and potential solutions: _____

- 15. Please add any additional major obstacles that you feel stand in the way of an effective program to reduce the drinking driver problem.

OTHER

- 16. Would you like a copy of our final report which will contain the results of this survey?

- Yes - Mailing address, if other than Highway Traffic Safety Representative.

- No

- 17. If you have any additional comments on any of the items in the questionnaire, or related topics not covered, please use the space below. Thank you for your cooperation in completing this questionnaire.

(34740)



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